

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In the PATENT APPLICATION of:**

**Bolgiano et al.**

**Application No.: 08/539,276**

**Filed: October 4, 1995**

**For: WIRELESS TELEPHONE DISTRIBUTION  
SYSTEM WITH TIME AND SPACE  
DIVERSITY TRANSMISSION**

**Group: 2732**

**Examiner: S. Rao**

**Our File: I-1-65.2US**

**Date: December 20, 2000**

**REVOCATION OF POWER OF ATTORNEY AND  
POWER OF ATTORNEY WITH STATEMENT UNDER 37 C.F.R. 3.73(b)**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

United States Patent Application No. 08/539,276, filed October 4, 1995, by D. Ridgely Bolgiano and Gilbert E. Lavean, is now owned by InterDigital Technology Corporation as reflected at Reel 7415, Frames 0842-0846 in the assignment of original Patent Application No. 08/301,230 from which this application is directly descended. InterDigital Technology Corporation hereby revokes all prior powers of attorney or authorizations of agent in said patent application and appoints the registered attorneys and agents associated with Volpe and Koenig, P.C., Customer No. 24374, as attorneys or agents to prosecute said application, and to transact all business in the United States Patent and Trademark Office connected therewith and request that all correspondence relating to this application be directed to Customer No. 24374, namely, Volpe and Koenig, P.C.

Respectfully submitted,

InterDigital Technology Corporation



Donald M. Boles

Vice President - Intellectual Property

12/20/00  
Date

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION  
=====

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WIRELESS TELEPHONE DISTRIBUTION WITH TIME  
AND SPACE DIVERSITY TRANSMISSION

the specification of which is [ ] attached hereto or ~~X~~ was filed on 09/06/94 as application serial no:301230 as amended on [ ] .

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code 119 of any foreign application(s), for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: NONE

Prior foreign application(s)	Priority	Priority
Application No: country	date	claimed?
=====	=====	=====

I hereby claim the benefit under Title 35, United States Code, 120, of any United States application(s) listed below, and, insofar as the subject of each of the claims of this application is not disclosed in the prior United States application in the same manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:NONE

Prior U.S. applications:		
Application serial no:	U.S. filing date	Status
=====	=====	=====

POWER OF ATTORNEY

As below named inventor, I/we hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

ALLAN J. JACOBSON  
Reg. No. 29,079

SEND CORRESPONDENCE TO:  
ALLAN JACOBSON, ATTORNEY AT LAW  
2200 Byberry Road  
Hatboro, Pennsylvania 19040  
(215) 957-8364

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor: D. Ridgely Bolgiano

Inventor signature: *[Signature]*

DATE: 4/12/84

Residence: Gladwyne, PA 19035, USA

Citizenship: USA

Post Office Address:

P.O. Box 317 Gladwyne, PA 19035 USA

Full name of inventor: Gilbert E LaVean

Inventor signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: USA

Reston, VA 22091 USA

Post Office Address:

11605 Clipstone Lane, Reston, VA 22091 USA

Full name of inventor: \_\_\_\_\_

Inventor signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of inventor: \_\_\_\_\_

Inventor signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION  
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WIRELESS TELEPHONE DISTRIBUTION WITH TIME  
AND SPACE DIVERSITY TRANSMISSION

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as application serial no: 301230 as amended on { }.

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Application No: country	date	claimed?
=====	=====	=====

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Full name of inventor: D. Ridgely Bolgiano

Inventor signature: \_\_\_\_\_ DATE: \_\_\_\_\_  
Residence: \_\_\_\_\_ Citizenship: USA  
Gladwyne, PA 19035, USA  
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P.O. Box 317 Gladwyne, PA 19035 USA

Full name of inventor: Gilbert E LaVean

Inventor signature:  \_\_\_\_\_ DATE: 14 Sept 94  
Residence: \_\_\_\_\_ Citizenship: USA  
Reston, VA 22091 USA  
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Full name of inventor:

Inventor signature: \_\_\_\_\_ DATE: \_\_\_\_\_  
Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Post Office Address:

Full name of inventor:

Inventor signature: \_\_\_\_\_ DATE: \_\_\_\_\_  
Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Post Office Address: